

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, March 25, 2014 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Collens called the meeting to order.

Present: Chairman Lewis M. Collens and Director Wayne M. Lerner, DPH, FACHE (2)

Patrick T. Driscoll, Jr. (non-Director Member) and Directors Ada Mary Gugenheim and M. Hill Hammock

Absent: Director Luis Muñoz, MD, MPH (1)

Additional attendees and/or presenters were:

Peter Daniels – Chief Operating Officer Hospital Based Services

Krishna Das, MD – System Chief Quality Officer

Anwer Hussain, MD – Provident Hospital of Cook County

Randolph Johnston –System Associate General Counsel

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief of Clinical Integration

Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County

II. Public Speakers

Chairman Collens asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from System Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Krishna Das, System Chief Quality Officer, provided an update on regulatory and accreditation visits. She stated that the Cook County Department of Public Health (CCDPH) received accreditation by the Public Health Accreditation Board; this is a singular achievement, as only one percent of public health departments in the country have this accreditation. Dr. Terry Mason, Chief Operating Officer of CCDPH, and Dr. Linda Rae Murray, Chief Medical Officer of CCDPH, will give a full report on the accreditation process at the next meeting.

Dr. Das stated that the Ambulatory and Community Health Network of Cook County (ACHN) was recently surveyed by The Joint Commission (TJC). This was the triennial survey and was expected but unannounced. The surveyors came last week on Monday for a four day survey by two surveyors. Although the administration does not yet have the final report from TJC, Dr. Das was pleased to report that what was communicated at the exit interview and what is posted on TJC's website to date is a very good report. There were only ten citations issued out of a total of over 1,000 standards. The surveyors went out of their way to tell staff that it was an excellent survey for an ambulatory network. Many of the citations have already been corrected, but staff has between forty-five and sixty days to make corrections. A more detailed report will be provided once the full letter from TJC is received.

III. Report from System Chief Quality Officer (continued)

Director Lerner stated that it is his understanding that TJC is starting to consider incorporating Baldrige awards criteria into their standards. Dr. Das stated that they are not currently part of the standards, but she can look further into the matter.

B. Publicly Reported Ratings

There were no updates to provide on this subject.

C. Capacity Management –Stroger and Provident Hospitals (Attachment #1)

Peter Daniels, Chief Operating Officer Hospital Based Services, provided a report on Capacity Management – Stroger and Provident Hospitals. Information contained in the report included the following: Objectives; Work Group; Background; Priority Focus; Goals, Objectives and Metrics; Initiatives; Strategies; Next Steps; and Appendix – Catalogue of Initiatives. The Committee reviewed and discussed the information.

IV. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, January 28, 2014

Director Lerner, seconded by Chairman Collens, moved to accept the Minutes of the Quality and Patient Safety Committee of January 28, 2014. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Quality and Patient Safety Committee Meeting, February 25, 2014

Director Lerner, seconded by Chairman Collens, moved to accept the Minutes of the Quality and Patient Safety Committee of February 25, 2014. THE MOTION CARRIED UNANIMOUSLY.

C. **Medical Staff Appointments/Re-appointments/Changes (Attachment #2)

Chairman Collens, seconded by Director Lerner, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees

- i. Provident Hospital of Cook County**
- ii. John H. Stroger, Jr. Hospital of Cook County**

Dr. Ozuru Ukoha, President of the Executive Medical Staff (EMS) of John H. Stroger, Jr. Hospital of Cook County, presented his report. He stated that the inaugural meeting of the Hospital Quality Improvement and Patient Safety Committee was held. He noted that Dr. Das is the Chair of that Committee; it is anticipated that she will periodically provide reports on that Committee's activities to this body.

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees (continued)

Also mentioned was the subject of Meaningful Use. Dr. Ukoha stated that Meaningful Use initiatives are not only to provide the patients with opportunities to electronically review their records, but ultimately should be viewed as ways to educate patients in their efforts to find and maintain their relationship with their medical homes.

Dr. Anwar Hussain, President of the EMS of Provident Hospital of Cook County, presented his report. He stated that there is one issue that keeps coming up at EMS meetings, regarding patient access, which is a registration issue. He wanted to point this out, and was glad to see Mr. Daniels presentation, which indicates that this concern is being addressed.

Dr. Hussain reported that the Department of Laboratory and Pathology underwent an accreditation process. He was happy to report that they did pass; the accreditation period covers the next two years.

Dr. Hussain stated that the next Provident Hospital Joint Conference Committee Meeting is scheduled for April 24th; it will take place right after the Quality and Patient Safety Committee Meeting.

VI. Closed Session Items

A. **Medical Staff Appointments/Re-appointments/Changes

B. Litigation Matter(s)

The Committee did not recess the regular session and convene in closed session.

VII. Adjourn

As the agenda was exhausted, Chairman Collens declared that the meeting was
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Lewis M. Collens, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
March 25, 2014

ATTACHMENT #1

Capacity Management Stroger and Provident Hospitals

March 2014

Quality and Patient Safety Committee

Peter Daniels, COO Hospital Based Services

Objectives

- ▶ Patient Focus
- ▶ Improve Patient Experience
- ▶ Improve Patient Safety
- ▶ Expedite Care
- ▶ Reduce Turnaround/Dwell Time
- ▶ Create Bed Capacity
- ▶ Improve Efficiency

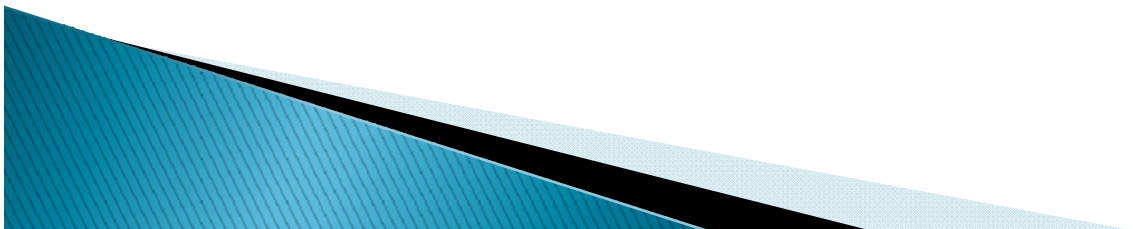
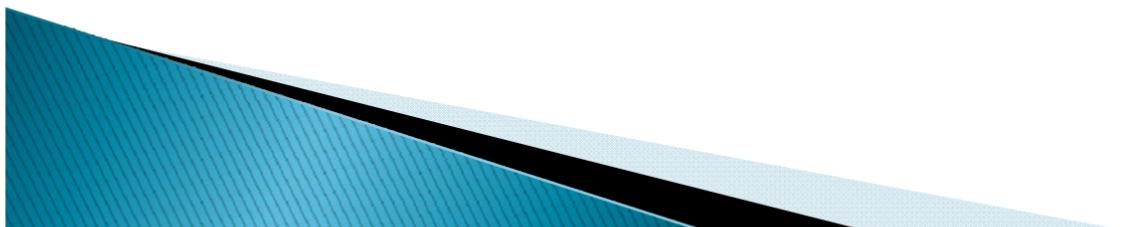
Work Group

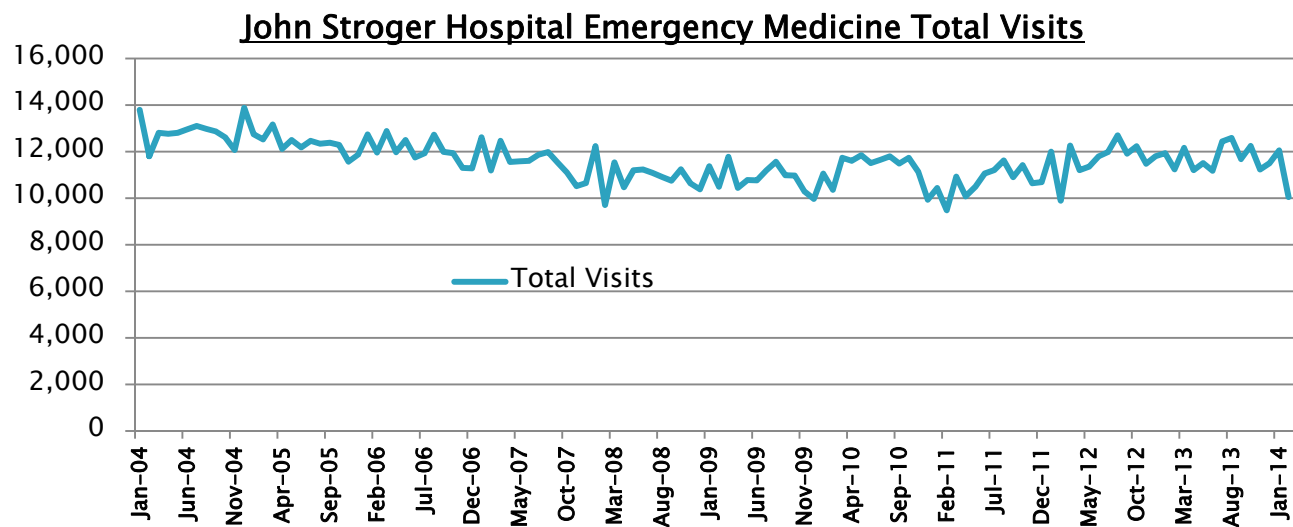
- ▶ Administration
- ▶ Nursing
- ▶ Medical Staff

- ▶ Emergency Department
- ▶ Discharge Planning
- ▶ Case Management
- ▶ Access Services
- ▶ Quality Management
- ▶ Information Systems
- ▶ Environmental Services
- ▶ Hospitalists
- ▶ Others as Needed

Background

- ▶ Work In Process
- ▶ Engage Leadership
- ▶ Incremental and Iterative
- ▶ Benchmarking
- ▶ Breakthrough Strategies
- ▶ Implement Industry Best Practice
- ▶ CMS Reporting Requirements (value based purchasing)





2013

E.D Acuity (Adult+Peds)		Percent
1	highest	1.24%
2		30.51%
3		55.16%
4		8.76%
5		4.33%

Visits (Adult+Peds+Trauma)	Admissions	% of Total Visits
134,345	21,687	16.14%

Goals, Objectives, and Metrics

▶ Internal Goals:

- **Greater than 20% Improvement** Over Baseline (3rd quarter FY 13)
- Left Without Being Seen: **6%**
- ED Arrival to ED Departure (Treat and Release): **4 hours**
- ED Arrival to ED Departure (Treat and Admit): **8 hours**

▶ External Benchmarks

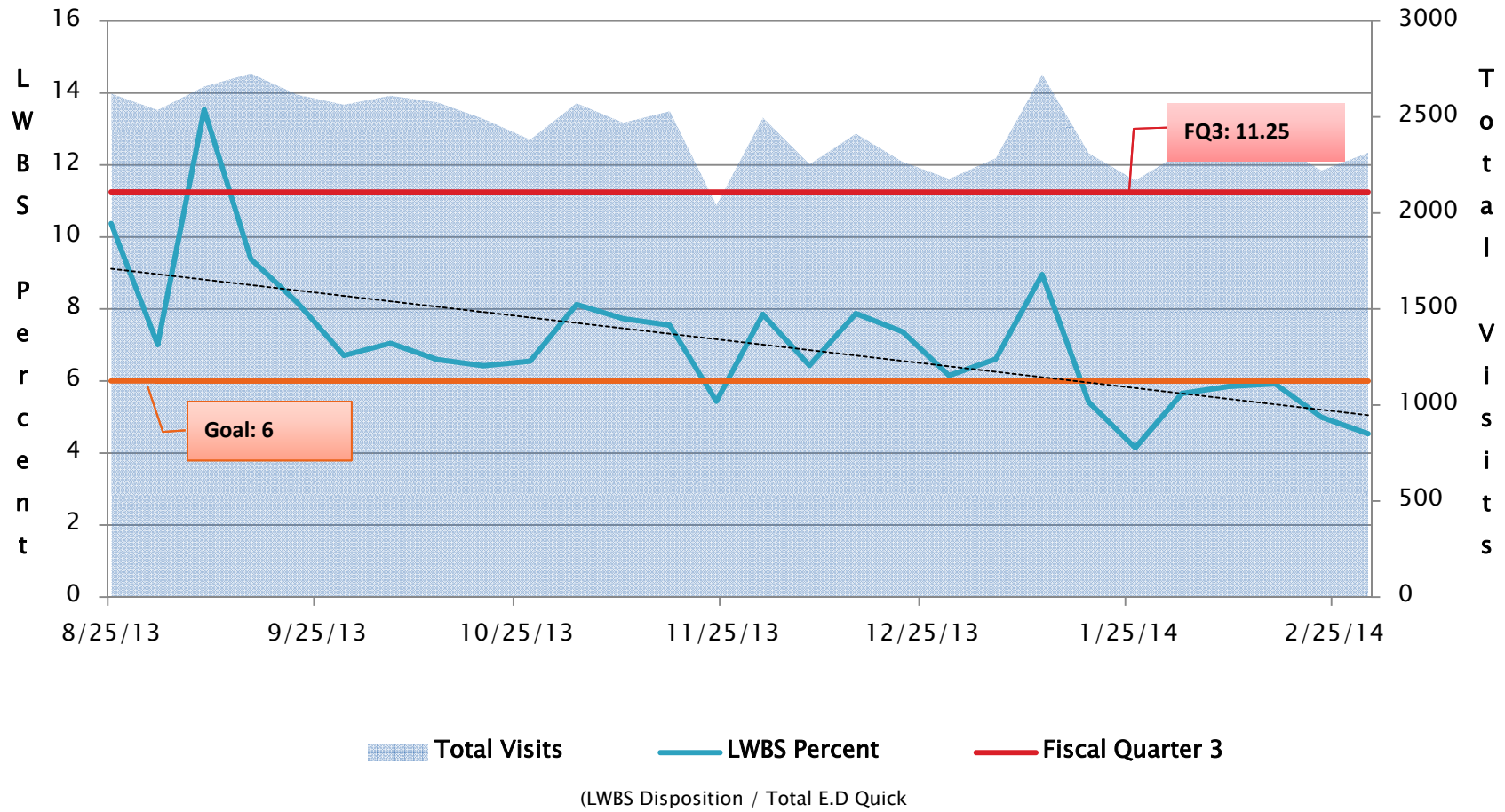
- Left Without Being Seen: **3%**
- ED Arrival to ED Departure (Treat and Release): **3 hours**
- ED Arrival to ED Departure (Treat and Admit): **6 hours**
- Will Begin to Compare With Peer Group and Top 10% Performance

Weekly Measures Summary:

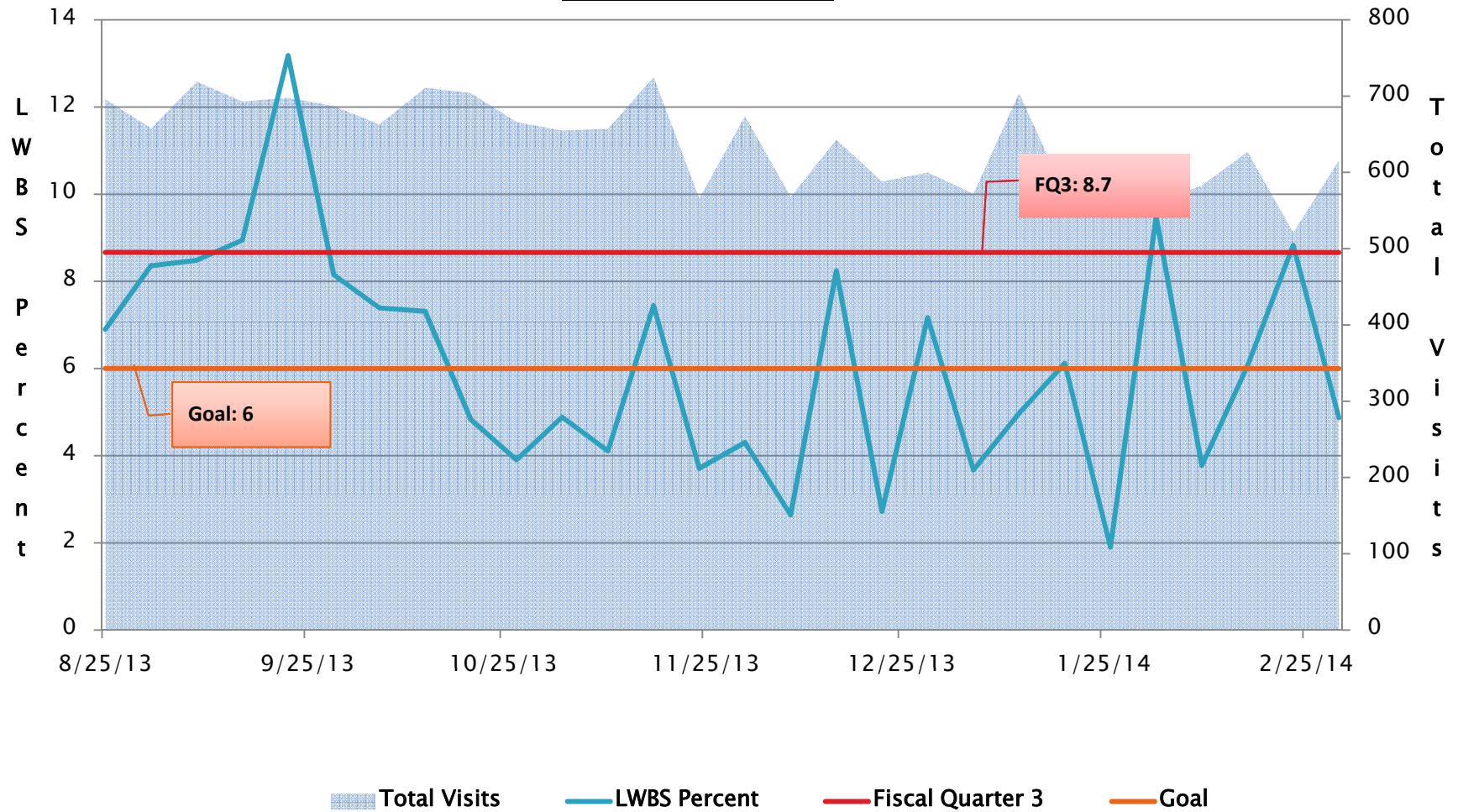
Measure	Goal	Fiscal Q3 2013	Latest Quarter	Last Week
Left Without Being Seen	6.00%	11.25%	6.20%	4.54%
ED Arrival to ED Departure (Discharged Patients)	4:00 (240 min)	5:54 (354 min)	4:14 (254 min)	3:55 (235 min)
ED Arrival to ED Departure (Admitted Patients)	8:00 (480 min)	11:04 (664 min)	7:41 (461 min)	7:34 (454 min)
Discharge Processing Time	TBD	3:33 (213 min)	2:48 (168 min)	2:36 (156 min)
Bed Turn Around Time	TBD	2:05 (125 min)	1:59 (119 min)	1:48 (108 min)

John Stroger Hospital ED

LWBS Percent



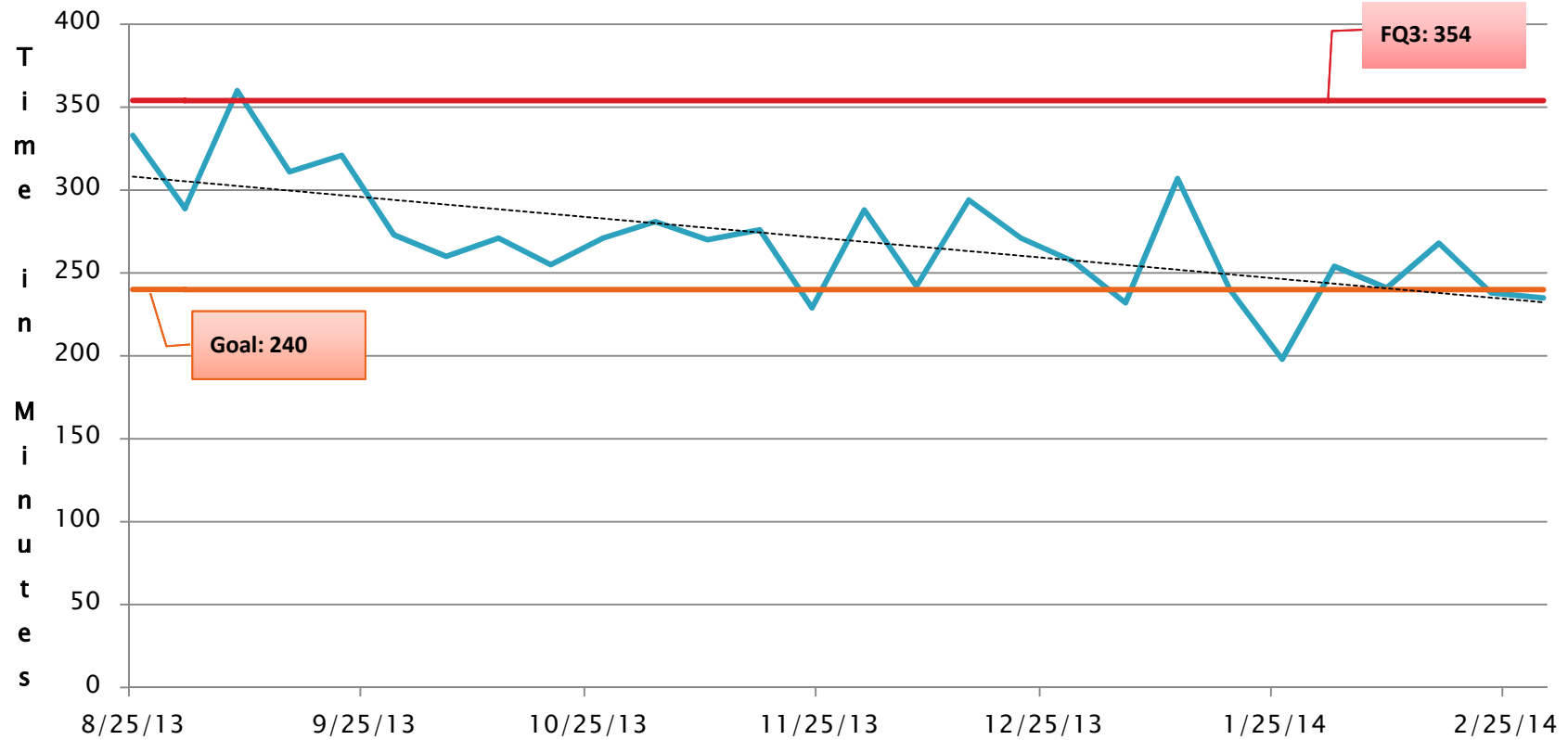
Provident Hospital ED LWBS Percent



(LWBS Disposition / Total E.D Quick

John Stroger Hospital

ED Arrival to ED Departure - Discharged Patients

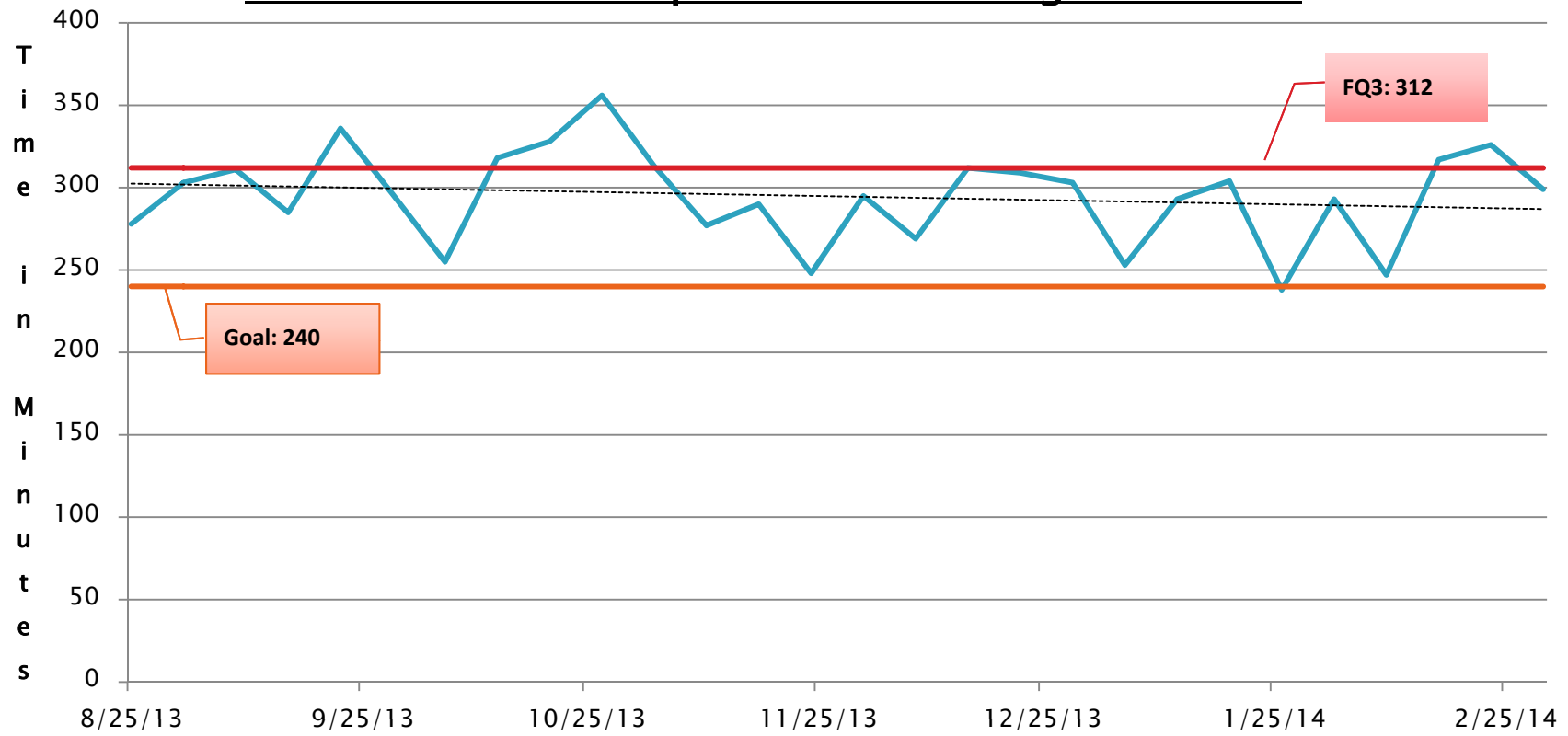


— ED Arrival to ED Departure - Discharged Patients

(Arrival in E.D - ED Discharge Event)

Provident Hospital

ED Arrival to ED Departure – Discharged Patients

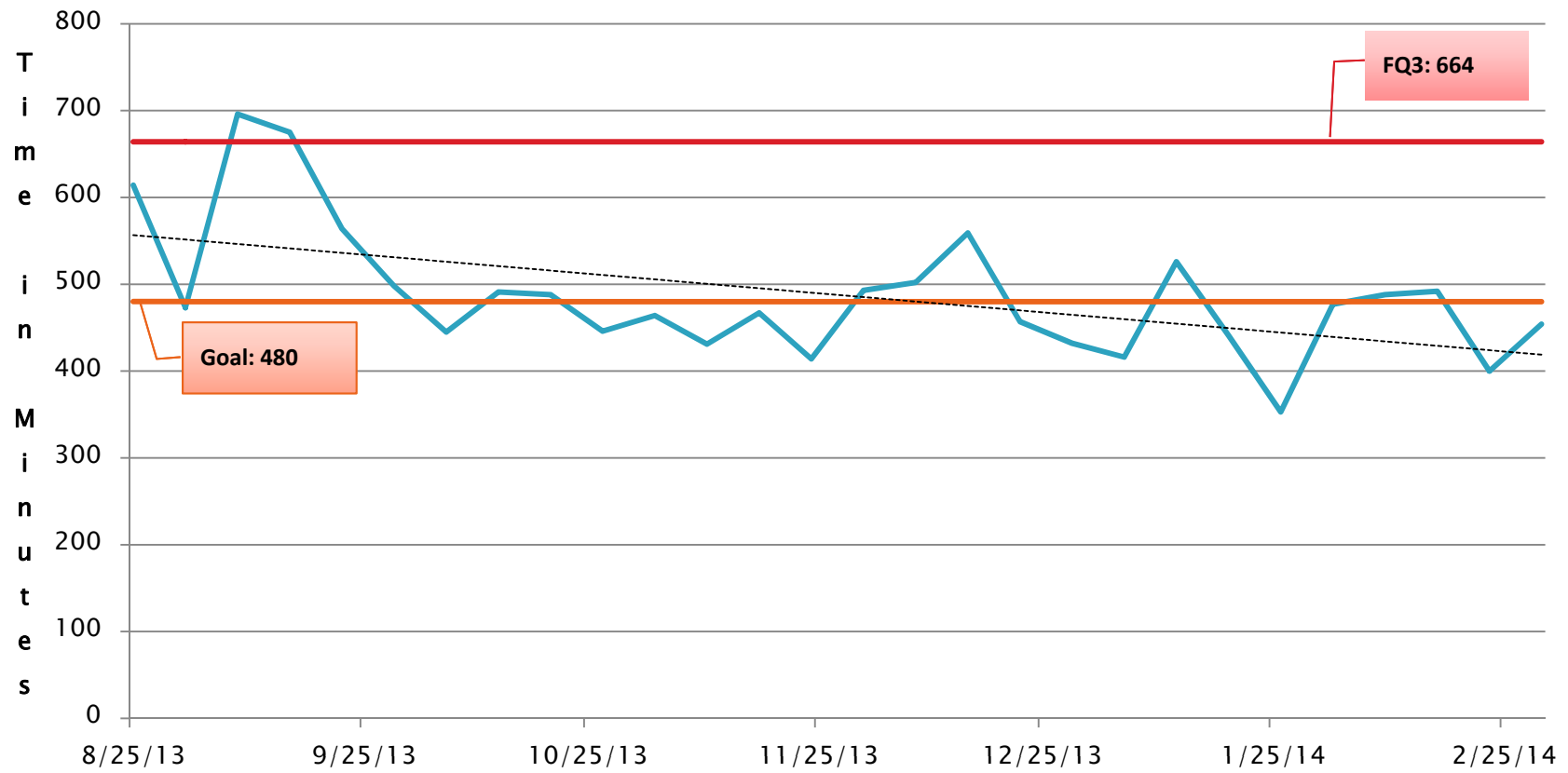


— ED Arrival to ED Departure – Discharged Patients

(Arrival in E.D – ED Discharge)

John Stroger Hospital

ED Arrival to ED Departure – Admitted Patients

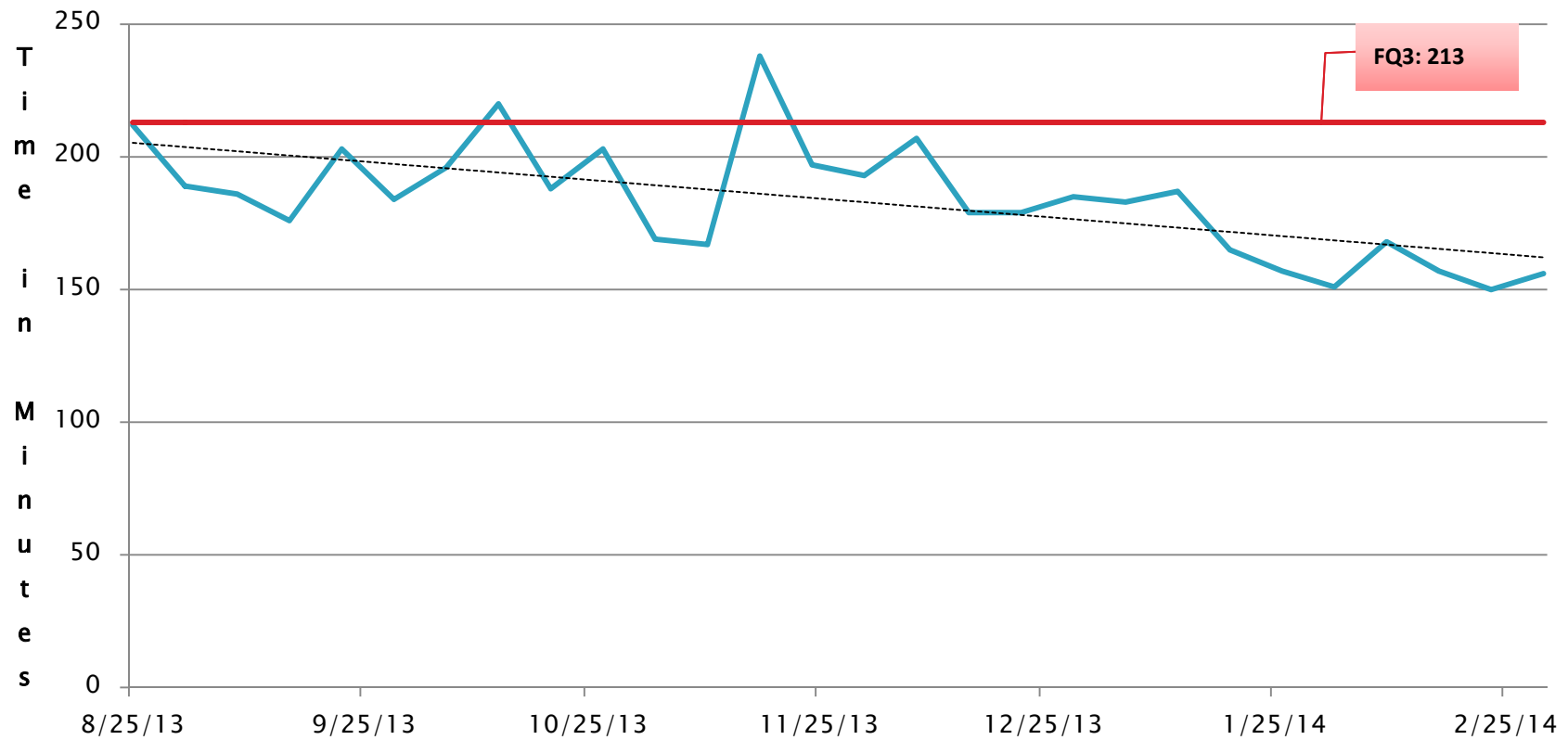


— ED Arrival to ED Departure – Admitted Patients

(Arrival in E.D – E.D Transport To Floor)

John Stroger Hospital

Discharge Processing Time



— Discharge Processing Time

(Discharge Order - Discharge)

Initiatives

- ▶ Information Technology
 - ▶ On Duty Administrator
 - ▶ Bed Management
 - ▶ Environmental Services
 - ▶ Emergency Department
 - ▶ Nursing
 - ▶ Medical Staff
-
- ▶ Process Redesign
 - ▶ Data Collection and Presentation
 - ▶ Communication and Coordination
 - ▶ Policy and Procedure

Strategies

- ▶ Program To Date:
 - Assemble Team
 - Goal Setting
 - Collection and Display of Data
 - Presentations

- ▶ Transition to 'Breakthrough Strategies':
 - Pilot Program:
 - Six Sigma
 - Lean
 - Inpatient Discharge Planning
 - Bed 'Czar'
 - Population Management and Connect to the Care Continuum:
 - Urgent Care Strategy
 - Primary Care Strategy (ACA)
 - Medical Home Network
 - Simulation (Previous Studies and Industry Best Practice)
 - Short Stay Unit and Observation

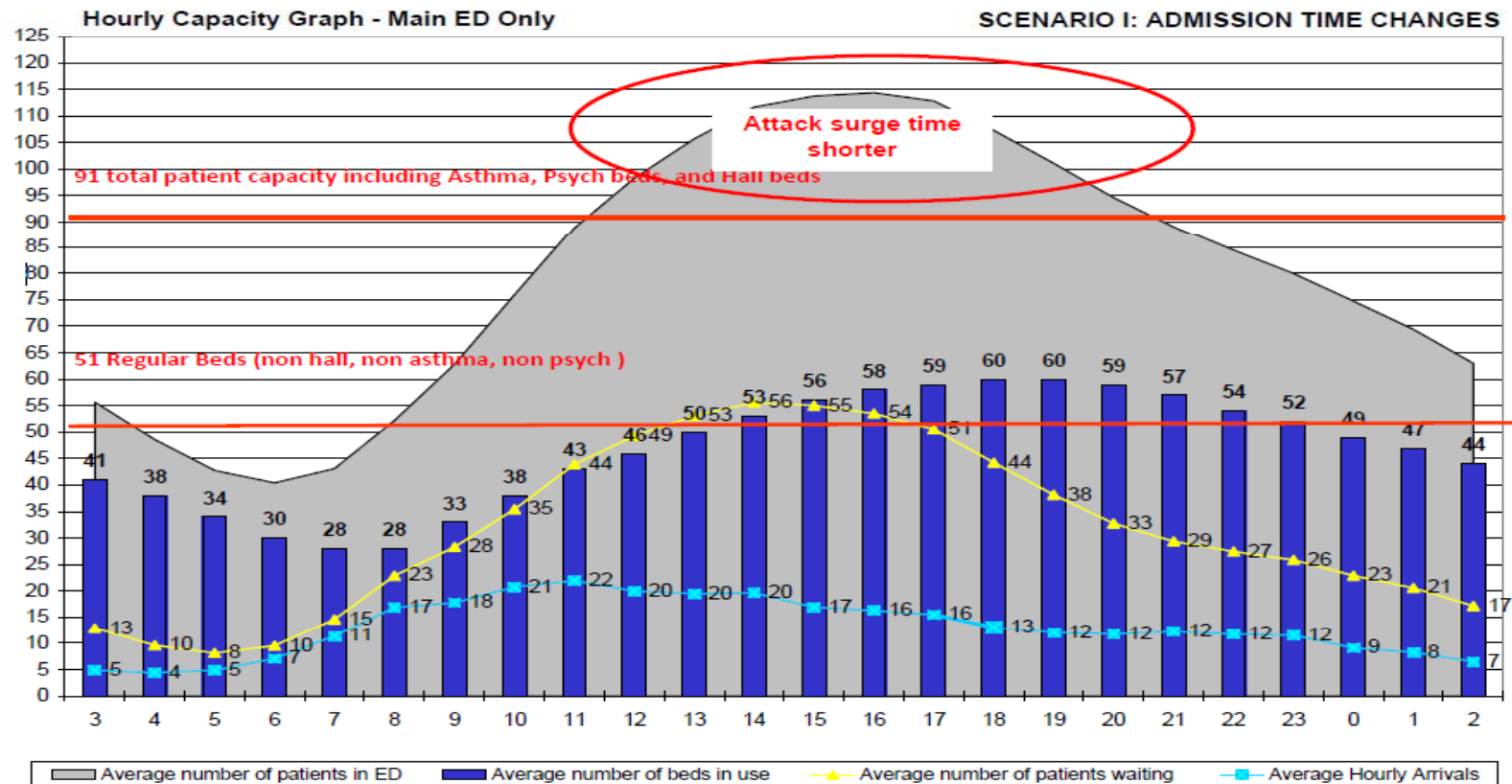
Next Steps

- ▶ Map Process Flows
- ▶ Define Expectations
- ▶ Identify and Fix Broken Processes
- ▶ Revise Process Flows
- ▶ Eliminate Waste and Redundancy
- ▶ Reduce Variation in Performance
- ▶ Measure Success
- ▶ Review Previous Studies
- ▶ Integrate Program With Broader Organizational Objectives

Next Steps: Simulation

John H. Stroger Jr. Hospital of Cook County

Emergency Department Simulation Study



Appendix

Catalogue of Initiatives

Information Technology

- ▶ Incorporated Patient Management Data Into Data Warehouse
- ▶ Merged Data From Different Systems
- ▶ Standardized Time Stamps
- ▶ Aggregating Data and Presenting Biweekly

On Duty Administrator and Bed Management

- ▶ Revising Internal Processes, Documentation and Accountabilities
- ▶ Daily Bed Management Huddles
- ▶ End of Shift Reporting
- ▶ Troubleshooting Throughout the Day Shift

Environmental Services

- ▶ Rounding
- ▶ 'Staff to Demand'
- ▶ Adjust Pager Protocols

Emergency Department

- ▶ 24/7 'No Empty Bed' Patient Flow
- ▶ Bed Side Registration
- ▶ Changed Dr. Quick Start Time Reflecting Patient Arrival Times
- ▶ Facilitated patient movement upstairs
- ▶ Streamlined Physician Electronic Discharge Process
- ▶ Studied Ancillary Turnaround Times (Implemented ED STAT Lab to Decrease Turnaround Time)
- ▶ Other:
 - Staffing Physician and Nursing (Match Staff to Demand: skills mix, vacancies, shift coverage)
 - Review Process Flows
 - Redesign Registration and Triage
 - Review Patient Utilization (Medication Refills)
 - Security

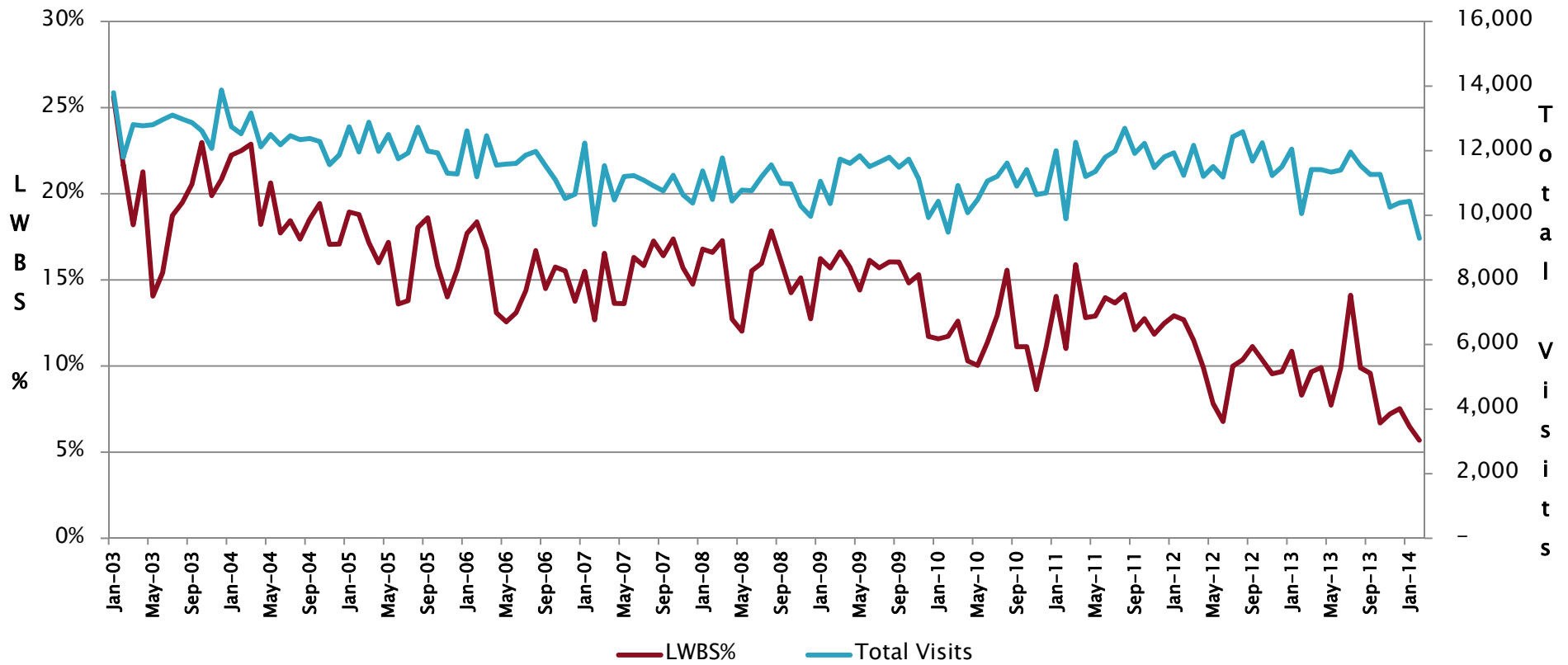
Nursing

- ▶ Lead Clerk
 - Tracks, Documents and Monitors All completed Discharge Orders During Weekdays and Documents Discharge Delays
- ▶ Quality Assurance and Improvement
 - Analyzes Weekly Discharge Data for Trends and Develops Action Plan for Variation From Target. (discharge order to time patient leaves unit = 2hrs)
- ▶ Nursing Leadership
 - Collaborates With ODA, Bed Management and Medical Staff to Monitor and Manage Surge Status
- ▶ Admission Nurse Facilitates Patient Admission
- ▶ Promote the Use of Discharge Lounge

Medical Staff

- ▶ Discharge Plan 'Early and Often'
- ▶ Discharge Before Noon Practice
- ▶ Developed Surge Team, Coordinate with ODA and Nursing
- ▶ Implemented Physician Coordinator
- ▶ Creating a Short Stay Unit with Admission Criteria

Emergency Medicine LWBS % and Total Visits



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
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ATTACHMENT #2

John H. Stroger, Jr. Hospital of Cook County



Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Bernard, Jared, MD Appointment Effective:	Trauma/Military Attending March 25, 2014 thru March 24, 2016	Voluntary Physician
Larsen, Brian, MD Appointment Effective:	Surgery/Ophthalmology March 25, 2014 thru March 24, 2016	Voluntary Physician
Patel Jalpababen, MD Appointment Effective:	Family Medicine/ACHN March 25, 2014 thru March 24, 2016	Active Physician
Thawani, Anjali, MD Appointment Effective:	Surgery/General March 25, 2014 thru March 24, 2016	Voluntary Physician

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Alkhudari, Azzam, MD Reappointment Effective:	Pain Management April 17, 2014 thru April 16, 2016	Active Physician
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Department of Family Medicine

Saad, Jorge A., MD Reappointment Effective:	ACHN April 17, 2014 thru April 16, 2016	Active Physician
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Department of Medicine

Hussein, Lily M. MD Reappointment Effective:	Hematology/Oncology April 17, 2014 thru April 16, 2016	Voluntary Physician
Segreti, John, MD Reappointment Effective:	Infectious Diseases April 18, 2014 thru April 17, 2016	Voluntary Physician

Department of Obstetrics and Gynecology

Heywood, Patricia, MD Reappointment Effective:	Maternal Fetal Medicine March 25, 2014 thru March 24, 2016	Active Physician
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Department of Oral Health

Liu, Jack Tsung Lee, DDS Reappointment Effective:	Correctional Health Services March 25, 2014 thru March 24, 2016	Active Dentist
Townsend, Ronald, DDS Reappointment Effective:	Correctional Health Services March 25, 2014 thru March 24, 2016	Active Dentist

CCHHS

APPROVED

John J. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics

Kagalwalla Amir, MD Reappointment Effective:	Gastroenterology April 18, 2014 thru April 17, 2016	Active Physician
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Department of Radiology

Bugeag, Ionut, MD, Reappointment Effective:	Breast Imaging April 19, 2014 thru April 18, 2016	Active Physician
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Yoo, Kyung, MD Reappointment Effective:	Diagnostic Radiology April 30, 2014 thru April 29, 2016	Active Physician
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Department of Surgery

Cintron, Jose, MD Reappointment Effective:	Colon Rectal June 19, 2014 thru June 18, 2016	Active Physician
Mahmorian, Robert Richard, DPM Reappointment Effective:	Podiatry April 27, 2014 thru April 26, 2016	Active Podiatrist
Pillai, Srikumar, MD Reappointment Effective:	Pediatrics Surgery March 25, 2014 thru March 24, 2016	Consulting Physician


Renewal of Privileges for Non-Medical Staff

Chavez, Ariel O., PA-C With Lad, Thomas E., MD Alternate Rosen, Fred R., MD Effective:	Medicine / Hematology / Oncology March 25, 2014 thru March 24, 2016	Physician Assistant
Garlewski, Thaddeus, PhD Effective:	Psychiatry/Juvenile Detention Center March 25, 2014 thru March 24, 2016	Clinical Psychologist

Medical Staff Status Change with no Change in Privileges

Coganow, Maria K., MD Purim Shem Tov, Yanian, MD Wu, Jack, MD	Emergency Medicine Emergency Medicine Emergency Medicine	From Voluntary to Consulting Physician From Consulting to Voluntary Physician From Consulting to Voluntary Physician
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CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 25, 2014



Provident Hospital of Cook County



Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPLICATION

Cull, John, MD
Appointment Effective:

Surgery/General
March 25, 2014 thru August 14, 2015

Affiliate Physician

REAPPOINTMENT APPLICATION

Department of Emergency Medicine

Jackson, Ralph, DO
Reappointment Effective:

Emergency Medicine
April 17, 2014 thru April 16, 2016

Active Physician

Department of Surgery

Burke, Winston, DPM
Reappointment Effective:

Podiatry
April 17, 2014 thru April 16, 2016

Active Podiatrist

CCHHS
APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 25, 2014

A handwritten signature, likely of a committee member, is written over the approval text.